Phone: (208) 334-2852 Fax: (208) 334-2282

LOBBYIST ANNUAL REPORT FORM



State of Idaho

Ben Yaursa Secretary of State To Be Filed By:

LOBBYISTS (Sec. 67-6619) THIS SPACE FOR OFFICE USE ONLY

SECULIAN 27 PM 2: 12
STATE OF TOAHOATE

												•	WAHOAI
(Type or See Instructions	rint cle	arly)				_					Period co	vered	
Lobbyist's name and permanent busin	es addr	065			D	ito f	xeber	2 0				year endi	ng
				-1-01-1	l l			12/31/200	3		-		
LIBERTY NORTHWEST INSURANCE CORPOR				RATION			•—				(Ma.)	(Day)	(Yr.)
P. O. BOX 4400	400								•		12	31	2003
PORTLAND OR 97208-4	400							hbyist's Emplo	ver on	behalf	of Lobby	ist's Emple	уст.
PORTLAND OR 97208-4	pje æd	penditures made or	inci	arrod by	Lobbyist	OF E	y Lu	d by cach emplo	yer (le	ientify (mployers	nader	
Category of Expenditure		Total		nomiumaii	ottom of p								
Reimburged Personal Living and Travel		Expenditure		Employer No. 1		Employer No. 2			Employer N		No. 3	Employer No. 4	
De Not Have to be Reported	 		┢	Diti[)		1						s	
Entertainment	s	95.25	S		95.25	1	·	, , , , , , , , , , , , , , , , , , , 	5 -			4	
Food and Refreshment		0.00	١.						-				
Living Accommodations	-	0.00				1							
Advertising	-	0.00				1	_		\ -				
Travel	-	0.00				1			 			\ - 	
Telephone		0,00				-			_				
Office Expenses	-	0.00				1			1 -				
Other Exponses or Services	\ -		-						_			 	0.00
		95.25	T	<u> </u>	95.25	٦	s	0.00	\$		0.00	.\ s	0.00
Tota	1 \$		-					at - Laldon	of pub	lic offic	sê.		
Item The totals of each exp	enditu	re of more than fift	y do	llars (\$5	0) for a le	gixl	ator (or other noticer	of Leg	slators	& Public C	fficials in	iroup
2 Date		Place						Bar		ntative	- Jim Cli	ark - Din	
03/12/2003	Manh	Manhattan Grill - Boise				55.00 Repr)(89 0)	ILLEUTE			
03,1223													
					1								
Continued on attached p	ge(s)		_,-			_	tett	T	Emplo	ver(s) N	iumo(s) and	Address(c	5)
	INSTF	RUCTIONS				`	3						
		1.1.1.1	ad 111	nder Sec	tion	N.	s. 1	IBERTY NO	RTH	WEST	' INS., F	P.O. BOX	(4355
Who should file this for 67-6617 Idaho Code	m; An	A lopphist tegismic	50 W				<u> </u>	PORTLAND	OR	97208	3-4555		
Filing deadline: Annua	і тероті	t is due on January	315	t.		И	o. 2				-		
TO BE FILED WITH:						卜							1 5h
	Be	en Ysursa chary of State				N	lo. 3				DO	CIL	1
	PÓ	Box 83720				-		<u></u>					
1	Boise.	1D 83720-0080		າວຍ່ວ		١.	to A						

No. 4

. '	Expendi	mics made by any Legislat	or, or for or on behalf of un	À legra	Al misland Bandining of	Benefit	or other tangible or intangible			
1	personal property to any Legislan		r, or for or on behalf of any legislator. Name of Legislator Receiving or Benefited							
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	the Lol	initiate of proposed logislation in the Bill, Resolution or other	on, the number of the Senate legislative activity in which posing. Appropriation Bill Number and Section Number	01 02 03 04 05 06 07 08 09 10	Consumer affairs Ecology, environment, pollution, conservation, zoning, land and water use Education Elections, campaigns, voting, political parties Equal rights, civil rights, minority affairs Government, financing, taxation, revenue, budget, appropriations, bids, fees, funds Government, education of the covernment, financing, taxation, revenue, budget, appropriations, bids, fees, funds Government, education of the covernment, federal Government, government, government, municipal Government, special districts	Code 17 18 19 20 21 22 23 24 25 26 27 28	Subject Health service, medicine, drugs and controlled substances, health insurance, hospitals Higher education Housing, construction, codes insurance (excluding health insurance) Labor, salaries and wages, collective bargaining Law enforcement, courts, judges, erimes, prisons License, permits Liquor Manufacturing, distribution and services Natural resources, forest and forest products, fisheries, mining and mining products Public lands, parks, recreation Social insurance, unemployment insurance, public assistance, workmen's compensation Transportation, highways, streets and roads Utilities, communications, televisions, radio, newspaper, power, CATV, gas			
Ci	ERTIFICA	ATION: I hereby certify the sment in accordance with S	at the above is a true, complete ection 67-5624 Idaho Code.	and	Employer No. 1 sign		Date Date			
-					Employer No. 3 sign	ature	Date			